

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 11 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 960000 71080**

1. Corporation Name

DANIEL JAMES SALON

2. Principal Office Address

45 W. BAY ST.

Suite, Apt. #, etc.

201

City & State

JAX. FL

Zip

Country

32202 USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 98-00

4. Date Incorporated or Qualified
To Do Business in Florida

8/27/1996

5. FEI Number

59-3396606

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DANIEL J. GAMSKY

200003172022-8

Street Address (P.O. Box Number is Not Acceptable)

9920 E. COVE VIEW DR.

-03/16/00--01023--0.1

*****1050.00 ***1050.00**

Suite, Apt. #, Etc.

City

JAX. FL

State

FL

Zip Code

32257

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Daniel J. Gamsky

REGISTERED AGENT MUST SIGN

Date **2/9/2000**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	DANIEL J. GAMSKY	9920 E. COVE VIEW DR.	Jax. FL. 32257

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Daniel J. Gamsky

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL J. GAMSKY

Date

2/10/00

Daytime Phone #

904 359

2006

CR2E081 (9/99)